

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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9						
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11						
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20	1					
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34	1					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	44					
TOTAL CLAIMS	47					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								